



ALABAMA LAW ENFORCEMENT AGENCY

Sex Offender Registration

CHECK ONE:

- () New Registration
- () Quarterly Registration
- () Yearly Registration
- () Address Change
- () Employment Change
- () School Change
- () Temporary Address
- () Homeless

Offender Information

Full Name	Last	First	Middle	Suffix		
Social Security Number	Birth Date	Place of Birth		Blood Type		
Alternate SSN	Alternate DOB	Home/Cell Phone		Work Phone		
Race	Gender	Hair Color	Eye Color	Height	Weight	Skin Tone
Aliases/Nicknames/Ethnic/Tribal Names			Registration Status	() Absconded () Unknown () Compliant () Non-compliant		

Nearest Relative	Name	Relationship	Phone Number
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Offender's Address	Mailing Address	<input type="checkbox"/> Check if temporary List Date Range:		
	Street Address (if different)	Apartment #	Time at this residence	
	City	County	State	Zip Code
	Are there any minors living at this address? (List names/age/relationship)			
	Previous Address			
	Street	Apartment #		
City	County	State	Zip Code	

Checked for warrants Y <input type="checkbox"/> N <input type="checkbox"/>	Outstanding warrants Y <input type="checkbox"/> N <input type="checkbox"/>
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FBI Number	SID Number	AIS Number
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Any Cautions/Medical Conditions	Scars/Marks/Tattoos
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Employment / School Information including day labor, volunteer, unpaid internship, etc.

Occupation	Offender's Position or Job Title	Is this employment within 2,000 ft of a school or daycare? Y <input type="checkbox"/> N <input type="checkbox"/>
Employer	Name	
	Address	
	Work Location (if different than employer address)	
School	School Name	School Address

Other Identifying Information

Driver License/State ID numbers (include issuing State)
Passport, Military ID, Immigration ID, Professional Licenses, etc.
Professional Licenses (include type and number)
Internet Identifiers/Addresses (Email, Facebook, Twitter, etc.)
Internet Service Provider (e.g., Charter, AT&T, etc.)

Offense Information

Offense (include code section if known) (attach additional sheets if necessary)				UCR Code
Offense Description				
Date of Arrest	State of Crime	City of Crime	Court Case #	Disposition Date
Victim	Age	Race/Gender	Relationship	
Weapon	Type	Make	Description	
Court <small>(Check one in each box)</small>	Jurisdiction	Type		Status
	<input type="checkbox"/> Alabama conviction <input type="checkbox"/> Out of State <input type="checkbox"/> Military <input type="checkbox"/> Federal	<input type="checkbox"/> Youthful Offender <input type="checkbox"/> Juvenile <input type="checkbox"/> Adult		<input type="checkbox"/> Probation <input type="checkbox"/> Parole <input type="checkbox"/> None
DNA Available				
<input type="checkbox"/> Yes <input type="checkbox"/> No				

Vehicle Information including land, aircraft and watercraft vehicles

Select: <input type="checkbox"/> Personal <input type="checkbox"/> Work <input type="checkbox"/> Other _____					
Type	Make	Model	Style/Color	Tag # / State	Year
Vehicle Identification #	Address vehicle is kept		Plate Category	Plate Type	Year Expires
Select: <input type="checkbox"/> Personal <input type="checkbox"/> Work <input type="checkbox"/> Other _____					
Type	Make	Model	Style/Color	Tag # / State	Year
Vehicle Identification #	Address vehicle is kept		Plate Category	Plate Type	Year Expires

By signing below, I affirm that all the information I have given is true and correct and is in compliance with the Alabama Sex Offender Registration and Community Notification Act. Failure to accurately complete and return this form could result in a felony conviction.

Offender Signature _____ Date _____

Reporting Officer Signature _____ Date _____

Responsible Agency

Reporting Officer	
Agency Name	
Address	
Phone	
Contact Email	

After verifying the offender information for accuracy and completeness, enter your agency identifying information and email or mail this form along with a current photograph and fingerprints of the offender to:

ALEA Sex Offender Registration Unit
 P O Box 1511
 Montgomery AL 36102-1511

sexoffenderunit@alea.gov
 Main (334) 353-1172
 Fax (334) 353-2563